

Summons in a Civil Action (Rev 11/97)

# United States District Court

SOUTHERN DISTRICT OF CALIFORNIA

MEDIMPACT HEALTHCARE SYSTEMS, INC., a  
California corporation,

vs

PROCARE RX, a Georgia corporation; and  
DANIELLE TAYNAI, an individual

SUMMONS IN A CIVIL ACTION

Case No.

'08 CV 0421 JAH POR

TO: (Name and Address of Defendant)

PROCARE RX, a Georgia corporation  
Nisbet S. Kendrick, III, Esq., Registered agent for service  
1201 W. Peachtree Street, Suite 3500  
Atlanta, Georgia 30309

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and  
serve upon PLAINTIFF'S ATTORNEY

Andrea M. Kimball, Esq.  
Luce, Forward, Hamilton & Scripps LLP  
600 West Broadway, Suite 2600  
San Diego, California 92101  
Tel: 619.233.2986; Fax: 619.645.5323

An answer to the complaint which is herewith served upon you, within 20 days after  
service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment  
by default will be taken against you for the relief demanded in the complaint.

W. Samuel Hamrick, Jr.

CLERK

3/5/08

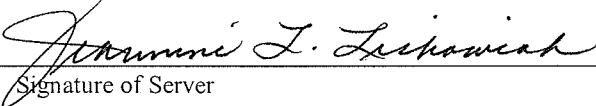
DATE

By

  
C. RUTTMANN

, Deputy Clerk

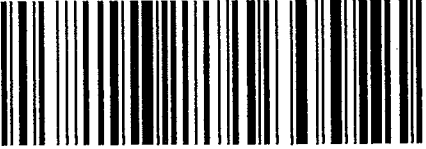
Summons in a Civil Action

<b>RETURN OF SERVICE</b>				
Service of the Summons and Complaint was made by me			DATE April 15, 2008	
NAME OF SERVER Jeannine L. Liskowiak			TITLE Legal Secretary	
Check one box below to indicate appropriate method of service				
<div style="display: flex; flex-direction: column; gap: 10px;"> <div> <input type="checkbox"/> Served personally upon the defendant. Place where served: _____         </div> <div> <input type="checkbox"/> Left copies thereof at the defendant's dwelling, house or usual place of abode with a person of suitable age and discretion then residing therein:             Name of person with whom the summons and complaint were left: _____         </div> <div> <input type="checkbox"/> Return unexecuted:         </div> <div> <input checked="" type="checkbox"/> Other (specify):            I also served copies of Civil Cover Sheet and Plaintiff MedImpact Healthcare Systems, Inc.'s Notice of Interested Parties on ProCare RX, a Georgia corporation c/o Nisbet S. Kendrick, III, Esq., all via Certified Mail, Return Receipt Requested (FRCP 4(e)(1), 4(h)(1); CCP 415.40).         </div> </div>				
<b>STATEMENT OF SERVICE FEES</b>				
TRAVEL		SERVICES	TOTAL	
<div style="text-align: center; margin-bottom: 10px;"><b>DECLARATION OF SERVER</b></div> <p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service is true and correct.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           Executed on: <u>April 15, 2008</u>  <div style="text-align: right;">Date</div> </div> <div style="width: 50%; text-align: center;">             Signature of Server         </div> </div> <div style="text-align: center; margin-top: 10px;"> <u>600 West Broadway, Suite 2600, San Diego, CA 92101</u>            Address of Server         </div>				
<b>NOTICE OF RIGHT TO CONSENT TO TRIAL BY A UNITED STATES MAGISTRATE</b>				
<p>IN ACCORDANCE WITH THE PROVISION OF 28 USC 636(C) YOU ARE HEREBY NOTIFIED THAT A U.S. MAGISTRATE OF THIS DISTRICT MAY, UPON CONSENT OF ALL PARTIES, CONDUCT ANY OR ALL PROCEEDINGS, INCLUDING A JURY OR NON-JURY TRIAL, AND ORDER THE ENTRY OF A FINAL JUDGMENT. <u>COUNSEL FOR THE PLAINTIFF HAS RECEIVED A CONSENT FORM.</u></p> <p>YOU SHOULD BE AWARE THAT YOUR DECISION TO CONSENT OR NOT CONSENT IS ENTIRELY VOLUNTARY AND SHOULD BE COMMUNICATED SOLELY TO THE CLERK OF COURT. ONLY IF ALL PARTIES CONSENT WILL THE JUDGE OR MAGISTRATE TO WHOM THE CASE HAS BEEN ASSIGNED BE INFORMED OF YOUR DECISION.</p> <p>JUDGEMENTS OF THE U.S. MAGISTRATES ARE APPEALABLE TO THE U.S. COURT OF APPEALS IN ACCORDANCE WITH THIS STATUTE AND THE FEDERAL RULES OF APPELLATE PROCEDURE.</p>				

1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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Sent To  
ProCare RX/Nisbet S. Kendrick III  
Street Apt No. 1201 W. Peachtree St. #500  
or PO Box No.  
City, State, ZIP+4 Atlanta, GA 30309

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
ProCare RX, a Georgia corporation  
Nisbet S. Kendrick, III, Esq.  
1201 W. Peachtree St. #3500  
Atlanta, GA 30309

2. Article Number  
(Transfer from service label)  
7003 2260 0007 4369 9684

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

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☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
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